


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90972 042 \*\*\*\*61.25

**DOCUMENT # N01000004949**

1. Entity Name  
**HENRI RIQUET PERPIGNAND FOUNDATION INC.**



Principal Place of Business      Mailing Address

**10905 SW 88ST**      **10905 SW 88ST**  
**412**      **412**  
**MIAMI FL 33176**      **MIAMI FL 33176**

2. Principal Place of Business      3. Mailing Address

**HRP FOUNDATION INC**      **HRP FOUNDATION INC**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**6542 SW 148 AVE**      **6542 SW 148 AVE**  
City & State      City & State  
**Miami**      **Miami Florida**



CHECK HERE IF MAKING CHANGES

Zip      Country      Zip      Country

**33193-2033**      **DADE**      **33193-2033**      **DADE**

4. FEI Number **65-1126935**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PERPIGNAND, CLAUDE**  
**10905 SW 88ST**  
**412**  
**MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **CLAUDE PERPIGNAND**  
Street Address (P.O. Box Number is Not Acceptable)  
**6542 SW 148 AVE**  
City **Miami Florida**      FL      Zip Code **33193-2033**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Claude Perpignand*      DATE 4 10 03  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO HOPKIN, THIMOTHY 16121 SW 6TH ST MIAMI FL 33135</b> T	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPEP PIGNAND, CLAUDE H- 10905 N KENDALL DR MIAMI FL 33176</b> T	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD PERPIGNAND, CLAUDE SR- 10905 N KENDALL DR MIAMI FL 33176</b> T	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Claude Perpignand*      DATE: 4 10 03      PHONE: 305 386 6493  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CP2E037 (10/02)